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VARICOSE VEINS

A SPECIALIZED SERVICE
TO THE
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JOHN BELL & CROYDEN
Wigmore Street, London, W.1.

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VARICOSE VEINS

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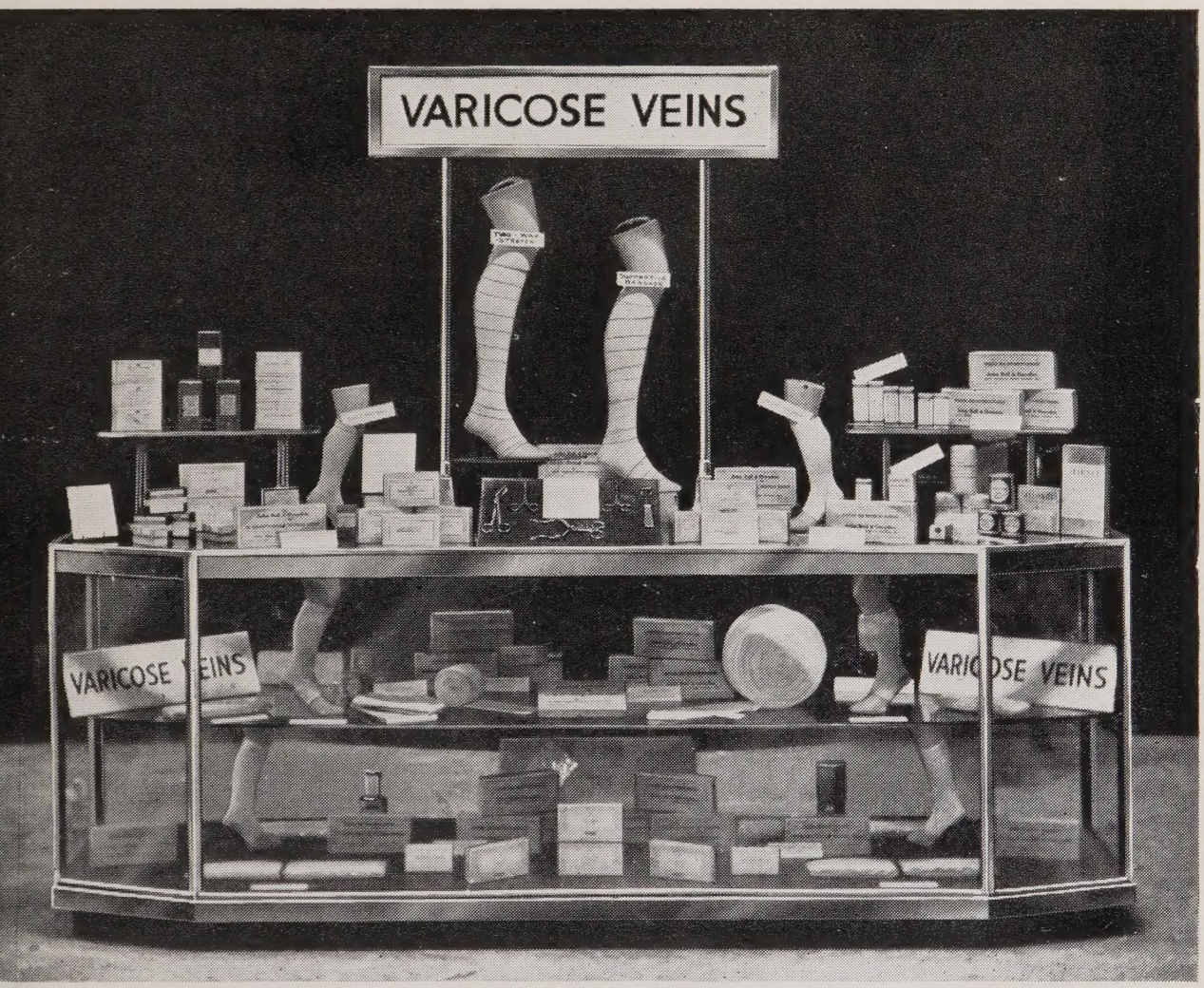

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INTRODUCTION

Some ten per cent of the population of this country suffer from Varicose Veins. This is an authoritative statement based on the statistics available from industrial reports. General practitioners must perforce have a much higher percentage of such cases. Some of these patients merely complain of ugly disfiguration whereas others suffer ulceration, eczema, phlebitis and heavy aching legs ; such conditions may have a serious effect on their health and general outlook on life.

More than one authority is quoted as saying that, generally speaking, the varicose patient has but little attention paid to him, his condition is so common and he manages, as a rule, to " carry on."

In this Country no pharmaceutical and surgical instrument house has attempted to offer, as a specialised service, a complete range of all the well known appliances and aids needed by the doctor for the treatment of varicose veins.

We are pleased to announce the introduction of such a service in an endeavour to offer the practitioner these special facilities. Qualified advisers are in attendance and it is hoped that doctors will avail themselves of this opportunity to discuss their problems.

It will be readily appreciated that the supply of goods is still a difficulty with which we have to contend but we are here to advise regarding what is at present available, and to fit patients according to the prescriptions and requests of their doctor.

The list that follows is representative of the products at present displayed ; it is hoped that the brief comments will also be found helpful.

In conclusion, may we say that we shall not only *welcome your enquiries* but also your criticisms, help and advice ; a detachable sheet at the end of this brochure is provided for the purpose.

I. SUPPORTS FOR THE VARICOSE LEGS

1. The Elastic **T**wo-**W**ay **S**tretch (T.W.S.) Bandage.
2. The Elastic **O**ne-**W**ay **S**tretch (O.W.S.) Bandage.
3. Elastic Web bandage.
4. Stockinette tubular bandage.
5. Elastic stockings. (*a*) heavy, (*b*) light.
6. Spiral elastic stockings.
7. Lastex type of support.
8. The Lastonet bandage.
9. Crepe bandage.
10. The Elastoplast bandage.
11. The Ceraban bandage.
12. The Elastocrepe Diachylon bandage.
13. The Viscopaste bandage.
14. The Ichthopaste bandage.
15. Plaster of Paris.
16. Pressure Pads. (*a*) adhesive felt. (*b*) adhesive rubber.

II. SCLEROSING AGENTS

Among the many sclerosants that have been advocated, the following should be mentioned.

1. Lithocaine-Martindale.
2. Monoethanolamine oleate.
3. Quinine Urethane.
4. Dextrose.
5. Hypertonic Saline.
6. Sodium Morrhuate.

III. INSTRUMENTS

1. Retractors (Dickson Wright).
2. Self-retaining retractor (Rowden Foote).
3. Syringes and Needles.
4. Mosquito forceps.
5. Bandage shears.

IV. ADJUVANTS

1. Local Chemotherapy in the Treatment of Varicose Ulcers

A. Sulphonamides.
- Allantoin-Sulphanilamide ointment
- Sulphathiazole cream
- Sulphathiazole with Proflavine sterilized powder
- Sulphonapast

B. Cod Liver Oil Ointments.
- Morrhulin

C. Penicillin creams and ointments.

D. Gentian violet solution.

E. Ionisation Therapy with Amechol (acetyl-β-methylcholine chloride).

F. Tulle Gras dressings.
- Dalmas Sulphonet
- Jelonet
- Nonad Tulle
- Optrex Tulle
- Optrex Tulle with Sulphanilamide

2. Aneurine Hydrochloride (Vitamin B_1)

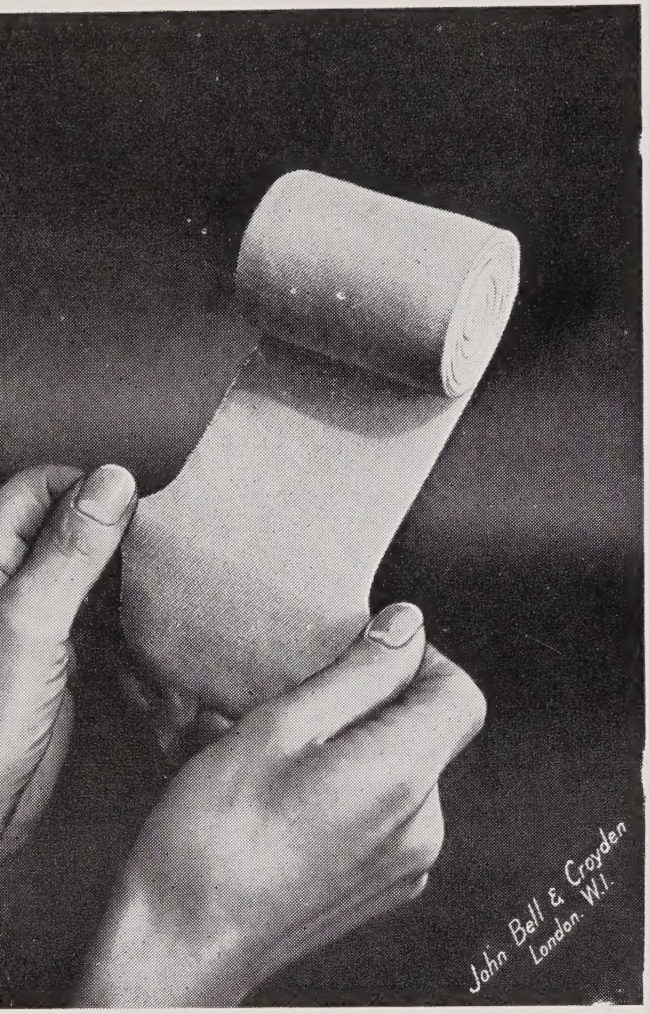
3. Skin Ink

4. Adhesive Plaster Solvents

Antihaesin

Zoff

ANNOTATION



TRANSVERSE STRETCH

SUPPORTS FOR THE VARICOSE LEGS

1. The Elastic Two-Way Stretch (T.W.S.) Bandage

An entirely new bandage developed to offer the following advantages over existing types :— it is light, cool and comfortable and does not crease; it treats the condition by " bandage massage " by virtue of its unique Two-Way Stretch character as the patient uses the limb. Unlike all other bandages, it does not lose width on being stretched to its full length.

LONGITUDINAL STRETCH

2. The Elastic One-Way Stretch (O.W.S.) Bandage

This is a flesh coloured bandage which presents an excellent cosmetic effect under the stocking. It is the ideal bandage for the support of the lower limbs in cases of varix, being lightweight, porous and less cumbersome than most elastic web bandages.

INSTRUCTIONS FOR APPLICATION

of

THE ELASTIC TWO-WAY STRETCH (T.W.S.) BANDAGE

and

THE ELASTIC ONE-WAY STRETCH (O.W.S.) BANDAGE.

(*Vide* R. Rowden Foote, " The Practioner," April, 1946, Vol. 156, pp. 295-396).

The **Elastic Two-Way Stretch Bandage** is stronger and longer than the One-Way Stretch bandage. The two-way stretch character produces a " bandage massage " effect on the limb. It is valuable as a supportive bandage in all severe cases of varicose veins, especially if associated with œdema. It is also invaluable in the treatment of varicose ulceration, when it should be applied more firmly and used for its compressive value in the same way that the elastic adhesive bandage is now used. However, in spite of its compressive use in treatment, the tension may be so adjusted that it can be worn with perfect safety as an ideal supportive bandage. In many cases, patients find this bandage to be a valuable adjuvant to the supportive bandage, wearing it for a few hours daily, and changing to the latter for its cosmetic value only.

The **Elastic One-Way Stretch Bandage** is ideal for the supportive treatment of all uncomplicated cases of varicose veins.

The advantage of these bandages over the elastic stocking is that the tension may be adjusted according to the individual case. Proper application and care of the bandage, however, is essential.

The loop must be placed over the foot at the level of the base of the big toe.

The bandage must be well pulled out during application, and must cover the entire foot with the exception of the hard pad under the heel.

The main support is required round the ankle and lower third of the leg ; therefore make several turns, well over-lapped, in this area.

Above this level the bandage may be slackened off somewhat and then fixed with a safety pin or bandage fastener just below the knee.

The bandage may be washed in lukewarm soapy water, but frequent washing affects the elastic in time. It may be dried at a safe distance from a fire.

It is advisable to remove the bandage at mid-day, when possible, and to re-apply it.

The bandage must never be worn at night, and if the wearer is sedentary for any length of time, occasional movement of the limb is beneficial.

Prices

Two-**W**ay **S**tretch (T.W.S.) Supportive Bandage, **ea. 17/6**

One-**W**ay **S**tretch (O.W.S.) Supportive Bandage, **ea. 10/6**

Postage **4d.** each extra.

Special Terms to The Profession and Hospitals.

THE "RASCO" Regd. BANDAGE FASTENER.

To use the "RASCO" Bandage Fastener :

Engage the hooks at one end of the fastener in the loose end of the bandage and by stretching the elastic allow the hooks at the other end of the fastener to engage. Two fasteners may be used.

PRICE 7d. for card of 6

Postage 2½d. extra.

VARICOSE ULCER BEFORE TREATMENT

An œdematous limb with a small ulcer suitable for treatment by a Two-Way Stretch (T.W.S.) Bandage.

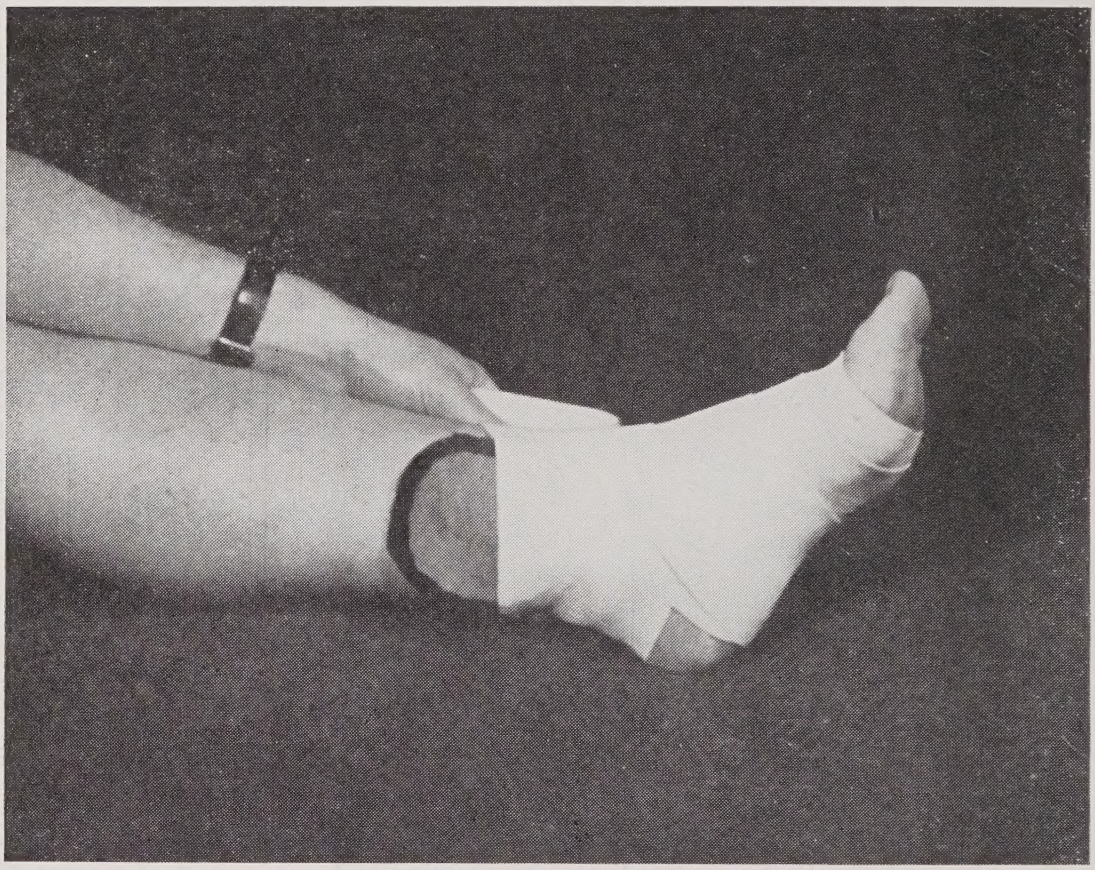
3. Elastic Web Bandage

This bandage has a smaller degree of tension and is preferred by some patients with slight varices. Owing to its heaviness it is not in favour with some female patients.

4. Stockinette Tubular Bandage

A useful and very firm support for some types of œdematous limbs associated with eczema. No rubber is in this bandage; it can therefore be used with ointments.

THE APPLICATION OF A SPONGE PAD



The use of a Sponge Pad in association with the Two-Way Stretch (T.W.S.) Bandage.

5. Elastic Stockings. (*a*) Heavy. (*b*) Light

Elastic stockings have a definite place in the conservative treatment of varices. They are easier to apply than bandages and present a better cosmetic result. They need frequent renewal, however, and careful fitting, otherwise they are usually found to be too tight or too loose. They suffer from this disadvantage that, unlike the elastic bandage, the tension cannot be adjusted by the patient as and when required.

6. The Spiral Elastic Stocking

These stockings are light and most acceptable to patients for reasons of comfort. The degree of support is less however, and the use of this stocking should be confined to the lesser degrees of varix.

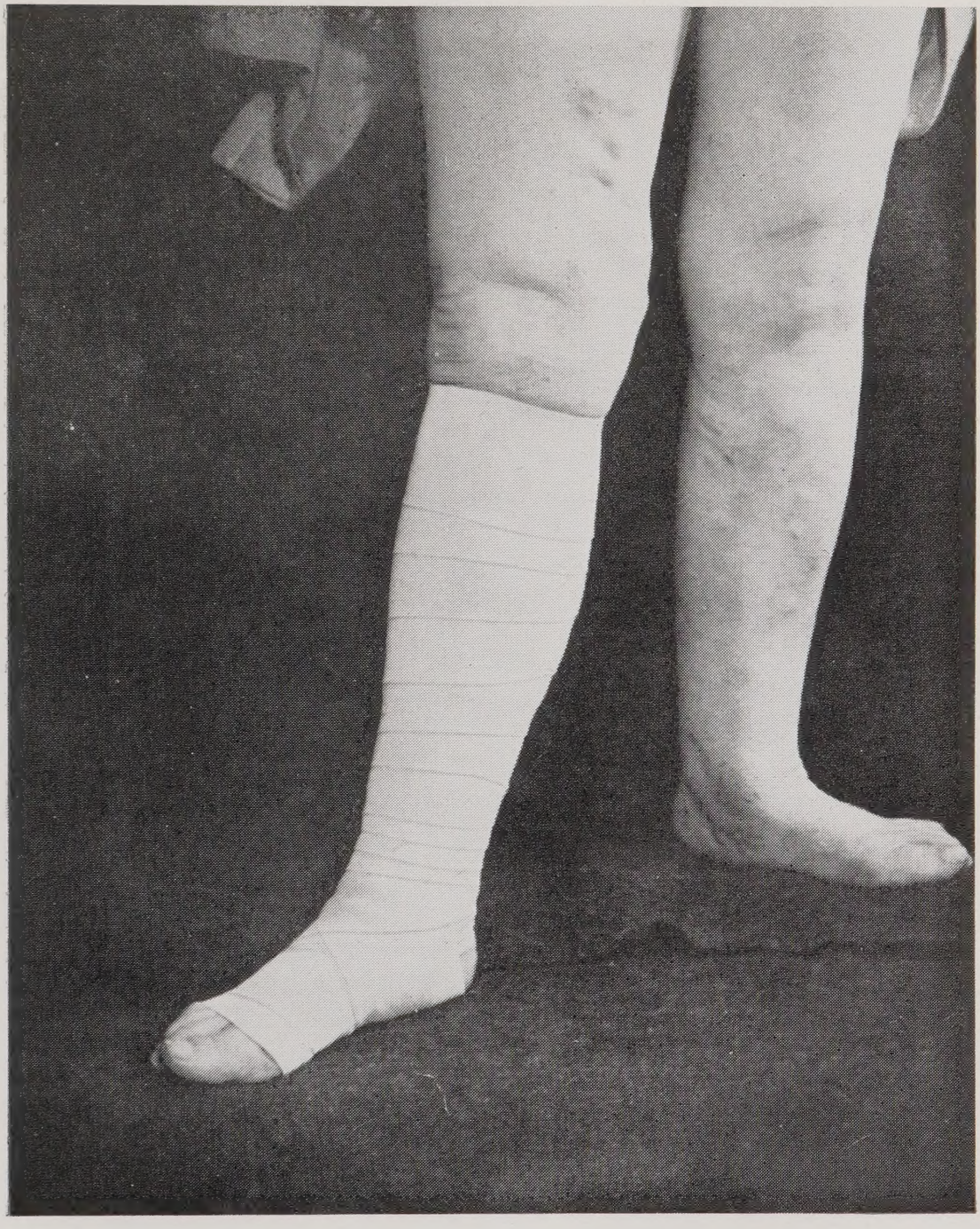
VARICOSE ULCER UNDERGOING TREATMENT WITH SPONGE PAD AND TWO-WAY STRETCH BANDAGE

Sponge Pad in position for ambulatory treatment of ulcer by means of the Two-Way Stretch (T.W.S.) Bandage.

BEFORE TREATMENT WITH THE TWO-WAY STRETCH (T.W.S.) BANDAGE

A case of advanced varices with œdema of the ankle.

THE TWO-WAY STRETCH (T.W.S.) BANDAGE APPLIED



Supportive Treatment given by means of a Two-Way Stretch (T.W.S.) Bandage.

7. Lastex Type of Stocking

The remarks under paragraph 6 apply also to this product.

8. The Lastonet Bandage

This is a light, aerated bandage containing no elastic. For minor cases of varix, and for wear in the tropics, it is ideal. It is apt to become narrowed by prolonged use and from washing. The patient is advised to wear the widest type of bandage possible.

9. Crepe Bandage

Crepe bandages have been replaced to a great extent by the improved types already described. However, crepe is of great use as a cover for an Unna dressing or for a Viscopaste bandage. The Elastocrepe bandage is probably the most satisfactory type.

10. The Elastoplast Bandage

This bandage is too well known to need description. Used for the compression treatment of varicose ulceration, for the ambulatory treatment of phlebitis, and for the control of œdema, it has proved its great value in the past. It should be remembered, however, that some patients are allergic to its application and that a " patch test " as described by R. Rowden Foote (vide Practitioner April, 1946, Vol. 156, pp., 295-306) is advisable. The Two-Way Stretch bandage replaces the Elastoplast in many cases and presents the advantage of being removable at night ; for the bath and for treatment. (See paragraph 1 p. 6)

11 and 12. The Ceraban and Diachylon Bandages

Useful replacements for the Elastoplast in cases in which the patient has proved to be allergic to other types of adhesive bandage. The Ceraban may be fitted to the leg underneath the Elastoplast, thereby giving a very firm support. It should always be well warmed before use. The Diachylon bandage needs no heat, but it must be applied very carefully, and without too much tension. Failure to observe this point may produce circulatory troubles.

13. The Viscopaste Bandage

A handy method of replacement for the old fashioned Unna dressing. Provided the bandage is fresh, a firm smooth support may be given to the lower limb. The indications are, generally speaking, for the œdematous, eczematous limb, which might be damaged by an adhesive bandage in the early stages of treatment.

14. The Ichthopaste Bandage

Used in similar cases to the Viscopaste. Some eczematous conditions react better to this treatment however ; it should be

noted that this bandage must not be moistened, but warmed in a tin before use. It may be used in some cases underneath an adhesive bandage of the Elastoplast type.

15. Plaster of Paris

This has an occasional use in the treatment of varicose ulcers occuring in the malleolar area. The main indication is for its use in the presence of excessive pain. The use should be restricted to a short period of time only and should be replaced by one of the other types of bandage as soon as the pain has lessened.

16. Pressure Pads. (*a*) Adhesive felt. (*b*) Adhesive rubber

Adhesive felt for the large ulcer in which the oedematous lips need flattening, and adhesive rubber in the ankle ulcer which evades compression from the bandage owing to the protrusion of the malleolar bones. This sponge pressure is referred to by McPheeters as a " venous heart," implying the pumping action of the rubber when the patient moves about. (" *Treatment of Varicose Veins and Haemorrhoids*," McPheeters and Anderson, 1939).

SCLEROSING AGENTS

The list of sclerosants is legion and although it is recognized that a number of our leading surgeons still have their preference for a particular solution, it is suggested that the busy practitioner need only equip himself with two or possibly three sclerosing agents.

We would particularly mention Lithocaine, " Monethan " (Monethanolamine oleate) and Quinine Urethane as providing a suitable range, meeting general requirements.

A short description of the list referred to on page 4 is given in the hope that it may be of further interest.

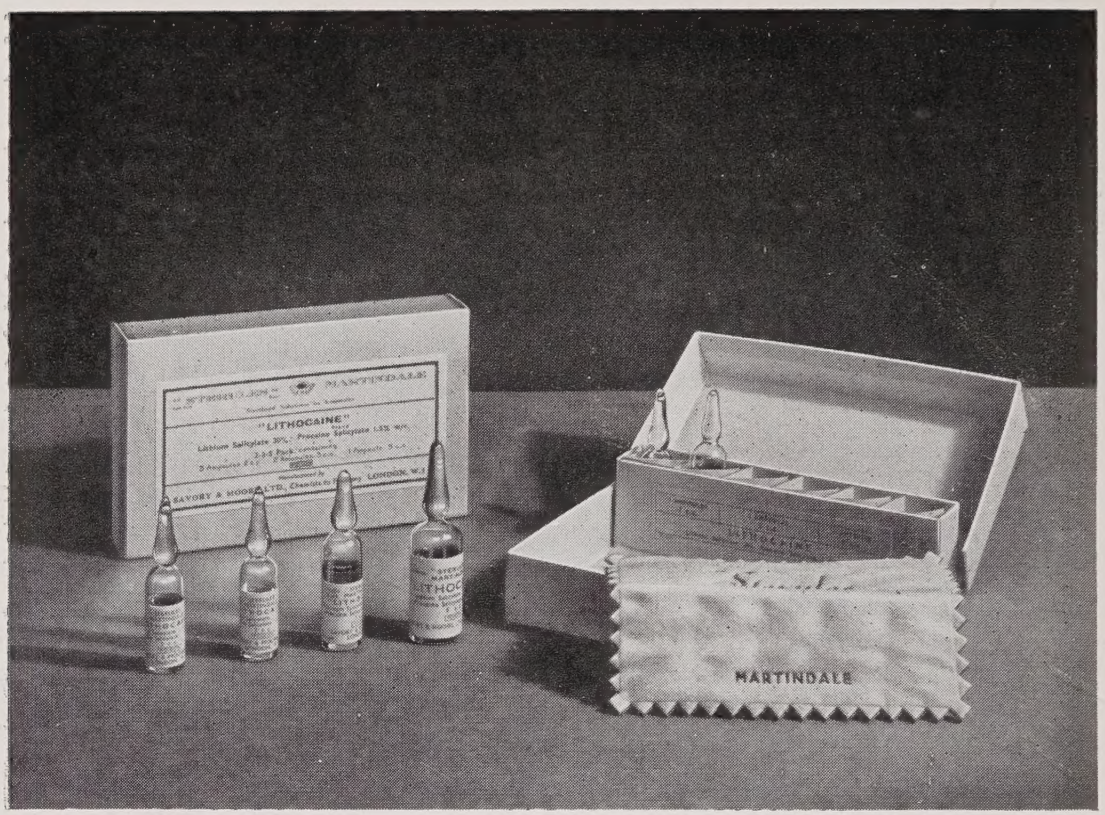
1. Lithocaine—Martindale

Lithocaine was introduced by Rodney Maingot in 1926 and is still widely used in some of our leading varicose vein clinics to-day.

The original formula contained 1% Tutocaine as the anæsthetic but the improved Lithocaine-Martindale contains 30% Lithium Salicylate with 1·5% Procaine Salicylate.

Lithocaine " Sterules "—Martindale are issued in ampoules of varying dosage, *i.e.*, 2, 3 and 5 c.cm., and for further convenience a special " 2.3.5." pack containing 3 × 2 c.cm : 2 × 3 c.cm. : and 1 × 5 c.cm. ampoules is available. This range permits of a selection of dosage according to the size of the vein to be treated without recourse to rubber-capped bottles, which have obvious disadvantages.

This solution is recommended for use in large varices with good skin covering. Toxic symptoms are rare, but a sloughing ulcer may be occasioned by faulty technique.



2. Monoethanolamine Oleate

This sclerosant is marketed under various trade names; we would particularly mention "Monethan" brand Martindale which is available in 2 c.cm. ampoules and 15 c.cm. rubber-capped bottles. Monoethanolamine oleate is now a well established therapeutic agent of accepted value, indeed it might be referred to as the "general purpose" sclerosant. An accidental leakage of the solution into the perivenous tissues will not cause sloughing. Reports of allergy are on record but they are rare. It is suggested by some authorities that this sclerosing agent is less well adapted to large varices, Lithocaine being preferable in such cases.

3. Quinine Urethane

This solution is favoured by many as being an excellent sclerotic. It is most valuable when employed as a "Twin Injection" in conjunction with Lithocaine (Rodney Maingot). The user is advised that there is a possibility of personal idiosyncrasy and that cinchonism has been known to occur. This can be avoided if the simple expedient of testing the patient with a small dose is carried out before treatment is given.
Details of the "Twin Injection" therapy are given in the special literature available, fuller information is given in current writings on the subject, in particular, "Varicose Veins, Haemorrhoids and Other Conditions, their treatment by injection" R. Rowden Foote, 1944. H. K. Lewis.

"Sterules" Quinine Urethane are available.

4 and 5. Dextrose and Hypertonic Saline

Both have their advocates, many users are of the opinion, however, that these solutions are somewhat variable although they have the advantage of being non-toxic. They cannot be recommended as solutions for routine use.

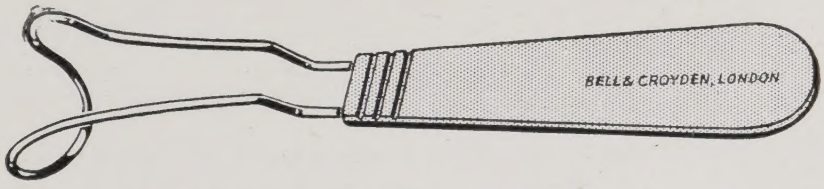
6. Sodium Morrhuate

This solution is still in favour with many, especially in America. It is considered by the majority of operators, however, that the monoethanolamine oleate series is infinitely preferable. This view is supported by the fact that the potency of Sodium Morrhuate varies within wide limits and, due to unavoidable impurities, allergy is a very definite entity. Collapse following injection and even fatalities are on record.

INSTRUMENTS

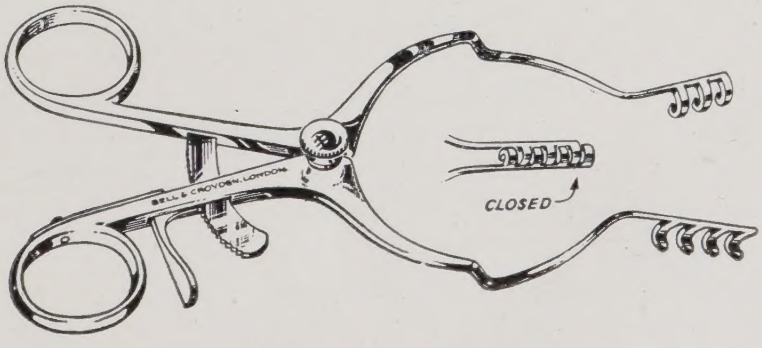
1. Dickson Wright Retractors

These simple wire retractors are invaluable in allowing adequate exposure of the operation field. The " brittleness " of some varices suffer when these specialised instruments are not employed.



2. Self-Retaining Retractors. (Rowden Foote)

This new instrument mav be used in conjunction with the above.



Retractor for Varicose Vein Surgery.
Vide " B.M.J." 27-7-46.

" This instrument is a modification of a self-retaining retractor used in other branches of surgery. The main points to be noted in this retractor are as follows : (1) it is so designed that it does not get in the way of the surgeon, the angle of the shaft being adjusted so that the retractor lies flat on either side of the wound. (2) The jaws give a firm grip on the tissues, allowing them to be lifted without slip. (3) The points of the teeth are so made that injury to neighbouring vessels should be avoided."

3. Syringes and Needles

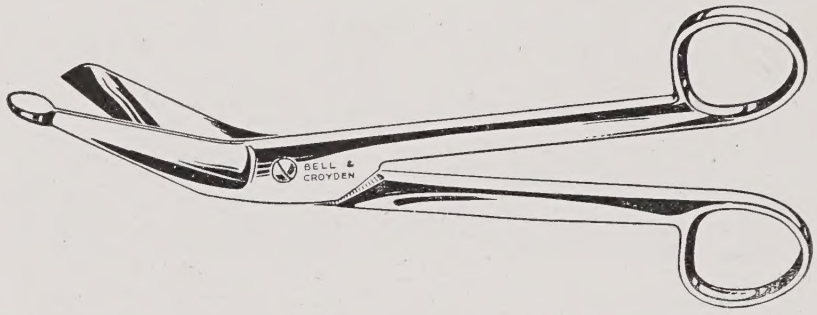
All operators have their own particular preferences. The all glass type of syringe with a wide bore needle, size S.W.G. 21 × 1½" is recommended by many, however.

4. The Mosquito Forceps

This instrument has a special place in vein surgery. Care is needed in the Fossa Ovalis and these forceps allow of precision and are useful in pulling up the finest venous Radicles.

5. Bandage Shears

The shears illustrated allow of the easy rapid removal of an adhesive bandage and minimise the risk of damaging the underlying skin.



ADJUVANTS

1. Local Chemotherapy in the Treatment of Varicose Ulcers

The treatment of varicose ulcers is certainly a condition with which the practitioner will often have to contend and is one which demands prompt and energetic treatment.

We have already drawn attention to the fact that one of the great advantages of the " T.W.S." bandage is that it permits the daily use of certain medicaments as adjuvants to treatment and healing. Furthermore it will be noted that there is a wide range of tulle gras dressings which can be used underneath almost any type of bandage. The following is a brief selection and summary. Further details will be gladly given on request.

(*a*) *Sulphonamides.*
Allantoin—Sulphanilamide ointment.
Sulphathiazole cream.
Sulphathiazole with Proflavine sterilized powder.
Sulphonapast.

(*b*) *Cod Liver Oil Ointments.*
Morrhulin.

These preparations help to stimulate local granulation and healing.

(*c*) *Penicillin Creams and Ointments.*
These appear to be of considerable value in some cases of infection of varicose ulcers. They are best applied at night after removal of the daily supportive bandage.

(*d*) *Gentian Violet.*
This dye, in a 2% aqueous solution, is sometimes useful in cases of varicose eczema. It serves to harden the skin and may be applied to the leg before application of a supportive bandage.

(*e*) *Ionization Therapy with Amechol* (*acetyl-β-methylcholine chloride*).
This is only referred to as a matter of interest for it is recognized that it is not a suitable form of treatment for the general practitioner. Furthermore, as is stressed in the literature, ionisation should only be administered by those trained in the technique involved.
We shall be only too pleased to send further information on request.

(*f*) *Tulle Gras Dressings.*
Dalmas Sulphonet.
Jelonet.
Nonad Tulle
Optrex Tulle.
Optrex Tulle with Sulphanilamide.
These are valuable as a dressing underneath supportive bandages, and for use after the skin grafting of varicose ulcers.
Tulle Gras dressings are non-adherent and in the case of those incorporating Sulphanilamide prevent it being carried away by the serum drainage, thus ensuring a sufficient supply to check bacterial invasion.

2. Aneurine Hydrochlor (Vitamin B_1)

A. Ochsner and M. C. Smith (J.A.M.A. **1**, 1940, 947) report " of 10 patients with painful varicose ulcers treated with vitamin B_1, all but one were definitely relieved of pain and 8 had complete subsidence of their symptoms, in 2 cases the symptoms completely subsided in 4 days. In 5 of the cases there was, in addition, definite improvement in the healing of the ulcer. Large doses are necessary, at least 5 mg. 3 times daily by mouth, and this dose doubled if symptoms do not subside in 3 to 4 days."

3. Skin Ink

This ink is invaluble for marking the course of the varices in the limbs, prior to operation. It should be allowed to dry thoroughly before applying any antiseptic.
It is harmless to the most sensitive skin.

4. Adhesive Plaster Solvents

Antihaesin.
Zoff.

These solvents are designed to aid rapid and painless removal of adhesive bandage, strapping, etc.

BIBLIOGRAPHY

As it will be appreciated, the scope of this small brochure is not intended to cover a detailed description of the techniques and products presented. The following list of references, quoting recent articles and text books, are suggested as covering most requirements in the field of Varicose Vein Therapy.

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